

Application for Employment

Before completing this form, please read the accompanying guidance notes.

Please use black ink and write clearly or type.

Vacancy Details			
Application for empl	oyment as:Job refere	ence:	
	e you to travel across Derby City and Derbyshire County. (delete as appropriate): Own a car / Public Transport	Please indicate the	
Employment			
Present/most rece	nt employer name		
Employer's address			
	Post code:		
	rom: To:		
Current or most rece	ent salary/benefits:		
What period of notic	e is required by your current employer?		
Previous employer	r(s)		
Please list all previo	us employers and explain any breaks in employment.		
Please Note: we ma	y choose to contact previous employers of the last 5 year	rs.	
Dates employed From-to dd/mm/yy	From-to Employer Name and Address Posit		

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Education and Training

Education. Qua	alifications obtained Institu		, ,,	ed	Grade/level
Date	Institu	tion	Qualif	ication	Grado/lovol
					Grade/level
	ny of the following os plan training nee				cruitment
Epilepsy: in the last 12 months Moving and Handling: in the last 12 mon Food Hygiene: in the last 3 years Infection control: in the last 3 years		Y/N hs Y/N Y/N Y/N	First Aid: in the last 3 years Y / N Fire Marshal: in the last 3 years Y / N Health & Safety: in the last 3 years Y / N Safe Administration of Meds: 3 years Y / N		
Training. Othe role	r than the above, p	lease list any ot	her work related	training you have	relevant to the
Course date		Course title and	subjects covered	Training or	ganisation
Membership of	professional boo	lies			
Body:			. Membership s	tatus:	
Registration no	o.:		. Renewal date:		
Body:		Membership status:			
Registration no.:		. Renewal date:			
	work , e.g. volunta d job description. C		•		he person
Dates		<u> </u>	Nature o	of activity	

Relevant Experience and Skills

Describe the relevant experience, skills, knowledge and qualities other information you feel will support your application. Short list the criteria set out in the accompanying person specification. (Ple if necessary (maximum 1).	ing and selection will be based on

The information on the following sheets will be separated from your application as soon as it is received. It will not be passed on to anyone involved in short listing or appointment to this post for equal opportunity purposes.

Equal Opportunities (C	Intional)	
Equal Opportunities (C	(Dilonal)	

Umbrella operates an equal opportunity policy. To help us monitor its effectiveness, please complete this section. This information will be used for monitoring purposes only and will be anonymised. A statement of the policy is included in the recruitment guidance.

Please tick the appropriate boxes below:				
What is your sex?	☐ Male	☐ Female		
What is your nationality?				
Would you describe yourself as h	aving a disability?	□No		
What is your ethnic group?				
Choose ONE section from A to E,	then tick the appropriate box to inc	dicate your cultural background:		
A. White British English Scottish Welsh Other, please write in Irish Any other White background Please write in	B. Mixed □ White and Black Caribbean □ White and Black African □ White and Asian □ Any other Mixed background Please write in	C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh Indian Pakistani Bangladeshi Any other Asian background Please write in		
D. Black, Black British, Black English, Black Scottish or Black Welsh Caribbean African Any other Black background Please write in To help us monitor our recruitr advertised.	E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group Chinese Any other Asian background Please write in	ere you saw this post		

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Personal Details			
- :		(1.1	
First name(s):	•	/Ms etc):	
Surname:			
Address:			
Post Code:			
Email address:			
May we contact you at work?	Yes	☐ No	
Are you related to any employee or committee member of Umbrella?	Yes	□No	
If yes, please provide the following details			
Name:	Position:		
Relationship to you:			
References			
Please give details of two referees. One should should be professional references from your ov professional email addresses (not personal) and	vn/previous em d neither shou	nployers and sho ld be related to y	uld contain ou.
Name:			
Address:			
	Postcode:		
Email address:	조 :		
Name:			
Address:			
	Postcode:		
Email address:	雷 :		
May your present employer be contacted if you are	shortlisted?	☐ Yes ☐	No
Dates when NOT available for interview in the next	6 weeks:		
We will try to avoid these dates where possible			

Residency					
Do you require a worl			Yes	☐ No	
If yes, what sort of pe					
If you currently hold a Home Office reference		se give the			
Rehabilitation of	Offenders Act				
This post has substar to make enquiries of e Barring Service (DBS	employees and is				
The amendments to t cautions are 'protecte account. If you are su criminal convictions a In this case you will b initial fee.	ed' and are not sub accessful at intervi and whether there	oject to disclosure ew, your appoint has been a disqu	e to employer ment will be s alification fro	s, and car subject to a m working	nnot be taken into a check regarding g with children/adults.
Failure to complete the information you provide		result in the job o	offer being wit	hdrawn. T	he DBS will check th
Do you have any co as defined by the Re in 2013)?					
Yes	□ No	If yes, please gi	ve brief detai	ls:	
Nature of offence(s)					
Date of convictions(s)	Penalty				
Disabled People					
People with a disability recruitment process.	ty or a health cond	dition are entitled	in law to reas	sonable ad	djustments during the
Do you consider your	self to have a disa	ability?		Yes	☐ No
If yes, what adjustme	•	•			
Do you consider your			_	□No	
If yes – please explain	n				
Health Declaratio	'n				
Please list any illness	, with dates, wher	e you have had r	nore than a fo	ortnight off	work:
Illness:			Dates:		
Now consider the last					

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Number of days: Number of occasions:

General Data Protection Regulations

Any data about you will be held in secure conditions with access restrictions. Data will be used for employment monitoring purposes (equal opportunities section only) and will not be shared with anyone outside of Umbrella. If you are unsuccessful, your application will be destroyed after a period of 12 months. If you are the successful candidate, this form will be used as part of your personnel record. For further information please see the privacy statement on our website www.umbrella.uk.net

Declaration

I declare that the information contained in this application is complete and correct. I understand that, if I have knowingly provided false information in support of my application, I may be disqualified or dismissed after appointment.

I consent to the use of this information as outlined above

Please return this form by

to:

General Manager
Umbrella House, 64 Birdcage Walk,
Mackworth, Derby,
DE22 4LD
Mark as "Private & Confidential"